U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:



034-498	01/01/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name	Name
LINDA M. RAPP	Labor File #034-498 Painters AFL-CIO
P.O. Box, Bldg., Room No., if any	P.O. E LU #681
Street 617-18th AVE SW	11 Fourth Street S.E.  Street Rochester, MN 55904
city Rochester	City
State WW ZIP Code + 4 55902	State ZIP Code + 4
5. Position in labor organization Secretary - Financial	Secretary
Enter appropriate data below if, during the past fiscal year, you or your spot	1
A. Held an interest in, engaged in transactions (including loans) with, or o monetary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Painters Local #681	none
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 11 Fourth St SE	7.b. Amount.
city Rochester	,
State MN ZIP Code + 4 S 5904	
Signa	
15. Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir understaned's knowledge and belief true, correct and complete (See the sect	of documents), has been examined by the signatory and is, to the boot of the

Signed

Name	of Person	Filing		

## LINDA M. RAPP

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 034-498

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4 12.b. Amount.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	14.b. Amount of payment.	